

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	09/689139	Examiner :	Rayford, S
From:	<i>6/10</i>	Location:	DC FMF FDC
		Date: 04-10-05	
		Tracking #:	06099271
		Week Date: 04-25-05	

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	12-29-2004	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: *① Improper Dependency: Original claim 32 depends upon canceled original claim 31. Please Resolve. Also, claim 10 original depends upon claim 35 not 23.*

*Thank you,
JPC*

[XRUSH] RESPONSE: *Supplemental Attorney prepared.*

INITIALS: *bxar*

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH. 9-7-05